

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Western District of Virginia**

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

#### About Debtor 1:

**Eugene**

First name

**Robert**

Middle name

**Boyles**

Last name

Suffix (Sr., Jr, II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

**Ida**

First name

**Louise**

Middle name

**Boyles**

Last name

Suffix (Sr., Jr, II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - **6 7 0 2**

OR

9xx - xx - — — — —

xxx - xx - **3 9 6 2**

OR

9xx - xx - — — — —

Debtor 1  
Debtor 2

**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification Number (EIN), if any.**

EIN

EIN

EIN

EIN

**5. Where you live**

**1760 Anderson Highway**

Number Street

**Cumberland, VA 23040**

City State ZIP Code

**Cumberland**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> |                              |
| Debtor 2 | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> | Case number (if known) _____ |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 2:** Tell the Court About Your Bankruptcy Case

**7. The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

☒ No.

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

☒ No.

☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1  
Debtor 2

**Eugene**  
**Ida**

First Name

**Robert**  
**Louise**

Middle Name

**Boyles**  
**Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1  
Debtor 2

**Eugene**  
**Ida**

First Name

**Robert**  
**Louise**

Middle Name

**Boyles**  
**Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*



No.



Yes. What is the hazard?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Debtor 1  
Debtor 2

**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1  
Debtor 2**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 6:** Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**

- ☒ No. I am not filing under Chapter 7. Go to line 18.  
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

**18. How many creditors do you estimate that you owe?**

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000  
☐ 50-99 ☐ 5,001-10,000  
☐ 100-199 ☐ 10,001-25,000  
☐ 200-999

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion  
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion  
☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion  
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

**Part 7:** Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Eugene Robert Boyles

Eugene Robert Boyles, Debtor 1

Executed on 10/10/2024

MM/ DD/ YYYY

**X** /s/ Ida Louise Boyles

Ida Louise Boyles, Debtor 2

Executed on 10/10/2024

MM/ DD/ YYYY

Debtor 1  
Debtor 2

**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are  
represented by one**

**If you are not represented by an  
attorney, you do not need to file this  
page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

**/s/ David Wright**

Signature of Attorney for Debtor

Date **10/10/2024**

MM / DD / YYYY

**David Wright**

Printed name

**Cox Law Group**

Firm name

**900 Lakeside Drive**

Number Street

**Lynchburg**

City

**VA**

State

**24501**

ZIP Code

Contact phone **(800) 254-2760**

Email address **dave@coxlawgroup.com**

**40424**

Bar number

**VA**

State

Fill in this information to identify your case and this filing:

|  |               |               |               |
|--|---------------|---------------|---------------|
| Debtor 1   | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> |
|  | First Name    | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)  | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |
|  | First Name    | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: <u>Western</u> District of <u>Virginia</u> |               |               |               |
| Case number  | _____         |               |               |

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1 1760 Anderson Highway  
 Street address, if available, or other description  
 \_\_\_\_\_  
Cumberland, VA 23040  
 City State ZIP Code  
Cumberland  
 County

**What is the property?** Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☒ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Zillow Value

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| Current value of the entire property? | Current value of the portion you own? |
| <u>\$272,000.00</u>                   | <u>\$272,000.00</u>                   |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Tenants by Entirety**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here .....



\$272,000.00

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

3.1 Make: Ford Who has an interest in the property? Check one.  
 Model: Edge ☐ Debtor 1 only  
 Year: 2020 ☐ Debtor 2 only  
 Approximate mileage: 131000 ☒ Debtor 1 and Debtor 2 only  
 Other information: ☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$16,129.00 Current value of the portion you own? \$16,129.00

KBB Private Party Value

If you own or have more than one, describe here:

3.2 Make: Ford Who has an interest in the property? Check one.  
 Model: F-150 ☐ Debtor 1 only  
 Year: 2011 ☐ Debtor 2 only  
 Approximate mileage: \_\_\_\_\_ ☒ Debtor 1 and Debtor 2 only  
 Other information: ☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$16,000.00 Current value of the portion you own? \$16,000.00

Client's Estimated Value

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No  
☐ Yes

4.1 Make: \_\_\_\_\_ Who has an interest in the property? Check one.  
 Model: \_\_\_\_\_ ☐ Debtor 1 only  
 Year: \_\_\_\_\_ ☐ Debtor 2 only  
 Other information: ☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \_\_\_\_\_ Current value of the portion you own? \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....



\$32,129.00

**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe. ....**2 Beds, Sofa, Love Seat, Recliner, 2 End Tables, Stove, Refrigerator,  
Dishwasher, Washer, Dryer, Deep Freezer, Dressers, Nightstands, TV Stand, 3  
TVs****\$4,000.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe. ....**Video Game System, Ring Camera, Laptop****\$1,000.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe. ....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe. ....**Shed****\$1,000.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe. ....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe. ....**Clothing****\$500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe. ....**Rings, Earrings, Necklaces****Wedding Rings, Engagement Ring****\$1,000.00**

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe. ....**Cat****\$1.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information. ....**Eyeglasses****\$5.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →**\$7,506.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes ..... Cash: .....**\$15.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes .....

Institution name:

17.1. Checking account:

**CandF****\$350.00**

17.2. Savings account:

**CandF Bank****\$102.00**

17.3. Other financial account:

**Cash App****\$1.00****18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders. *Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

21. **Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

|                     |                          |                    |
|---------------------|--------------------------|--------------------|
| Retirement account: | <b>Davita Retirement</b> | <b>\$24,751.10</b> |
| Retirement account: | <b>VRS</b>               | <b>\$2,120.80</b>  |

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes .....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes .....

Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes .....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them. ...

|  |
|--|
|  |
|--|

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal:

State:

Local:

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information. ....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information. ....

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ... Company name: Beneficiary: Surrender or refund value:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information. ....

|  |
|--|
|  |
|--|

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim. ....

|  |
|--|
|  |
|--|

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☒ No

☐ Yes. Describe each claim. ....

|  |
|--|
|  |
|--|

**35. Any financial assets you did not already list**

☐ No

☒ Yes. Give specific information. ....

**Potential funds due to debtor, unknown at this time, including State and Federal Tax refunds, potential federal stimulus checks, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.**

**\$1.00**

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .....



**\$27,340.90**

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

**37. Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe. ....**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☒ No☐ Yes. Describe. ....**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe. ....**41. Inventory**☒ No☐ Yes. Describe. ....**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe .....

Name of entity:

% of ownership:

|  |
|--|
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**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe. ....

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

44. **Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information .....

|  |  |
|--|--|
|  |  |
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|  |  |
|  |  |

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....** →

**\$0.00**

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
**If you own or have an interest in farmland, list it in Part 1.**

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. **Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☒ No  
☐ Yes .....

|  |  |
|--|--|
|  |  |
|--|--|

48. **Crops—either growing or harvested**

- ☒ No  
☐ Yes. Give specific information. ....

|  |  |
|--|--|
|  |  |
|--|--|

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes .....

|  |  |
|--|--|
|  |  |
|--|--|

50. **Farm and fishing supplies, chemicals, and feed**

- ☒ No  
☐ Yes .....

|  |  |
|--|--|
|  |  |
|--|--|

Debtor **Boyles, Eugene Robert; Boyles, Ida Louise**

Case number (if known) \_\_\_\_\_

## 51. Any farm- and commercial fishing-related property you did not already list

☒ No☐ Yes. Give specific information. ....

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....

**\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above

## 53. Do you have other property of any kind you did not already list?

*Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific information. ....

## 54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00****Part 8:** List the Totals of Each Part of this Form

## 55. Part 1: Total real estate, line 2 .....

**\$272,000.00**56. Part 2: Total vehicles, line 5 **\$32,129.00**57. Part 3: Total personal and household items, line 15 **\$7,506.00**58. Part 4: Total financial assets, line 36 **\$27,340.90**59. Part 5: Total business-related property, line 45 **\$0.00**60. Part 6: Total farm- and fishing-related property, line 52 **\$0.00**61. Part 7: Total other property not listed, line 54 + **\$0.00**

62. Total personal property. Add lines 56 through 61. ....

**\$66,975.90**

Copy personal property total →

**+ \$66,975.90**

63. Total of all property on Schedule A/B. Add line 55 + line 62. ....

**\$338,975.90**

Fill in this information to identify your case:

|   |                |               |                             |
|---|----------------|---------------|-----------------------------|
| Debtor 1                                | <u>Eugene</u>  | <u>Robert</u> | <u>Boyles</u>               |
|   | First Name     | Middle Name   | Last Name                   |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>     | <u>Louise</u> | <u>Boyles</u>               |
|   | First Name     | Middle Name   | Last Name                   |
| United States Bankruptcy Court for the: | <u>Western</u> |               | District of <u>Virginia</u> |
| Case number<br>(if known)               | <u></u>        |               |                             |

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property |  | Current value of the portion you own<br><br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br><br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption |
|--|--|---|--|------------------------------------|
| Brief description: <u>1760 Anderson Highway Cumberland, VA 23040</u>                       |  | <u>\$272,000.00</u>   | <input checked="" type="checkbox"/> <u>\$100,000.00</u>                                  | <u>Va. Code Ann. § 34-4</u>        |
| Line from <i>Schedule A/B</i> : <u>1.1</u>   |  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit |                                    |

## 3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small> | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| Brief description: <u>2020 Ford Edge</u><br><u>KBB Private Party Value</u>  | <u>\$16,129.00</u>  | <input checked="" type="checkbox"/> <u>\$1.00</u>  | <u>Va. Code Ann. § 34-26(8)</u>    |
| Line from Schedule A/B: <u>3.1</u>  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   |                                    |
| Brief description: <u>2011 Ford F-150</u><br><u>Client's Estimated Value</u>  | <u>\$16,000.00</u>  | <input checked="" type="checkbox"/> <u>\$1.00</u>  | <u>Va. Code Ann. § 34-26(8)</u>    |
| Line from Schedule A/B: <u>3.2</u>  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   |                                    |
| Brief description: <u>2 Beds, Sofa, Love Seat, Recliner, 2 End Tables, Stove, Refrigerator, Dishwasher, Washer, Dryer, Deep Freezer, Dressers, Nightstands, TV Stand, 3 TVs</u> | <u>\$4,000.00</u>   | <input checked="" type="checkbox"/> <u>\$4,000.00</u>                                      | <u>Va. Code Ann. § 34-26(4a)</u>   |
| Line from Schedule A/B: <u>6</u>  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   |                                    |
| Brief description: <u>Video Game System, Ring Camera, Laptop</u>  | <u>\$1,000.00</u>   | <input checked="" type="checkbox"/> <u>\$1,000.00</u>                                      | <u>Va. Code Ann. § 34-26(4a)</u>   |
| Line from Schedule A/B: <u>7</u>  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   |                                    |
| Brief description: <u>Shed</u>  | <u>\$1,000.00</u>   | <input checked="" type="checkbox"/> <u>\$1,000.00</u>                                      | <u>Va. Code Ann. § 34-4</u>        |
| Line from Schedule A/B: <u>9</u>  |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   |                                    |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_

Debtor 2 Ida Louise Boyles

First Name Middle Name Last Name

## Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property             | Current value of the portion you own<br><small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim<br><small>Check only one box for each exemption.</small>  | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| Brief description: <u>Clothing</u><br>Line from Schedule A/B: <u>11</u>                         | <u>\$500.00</u>   | <input checked="" type="checkbox"/> <u>\$500.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Va. Code Ann. § 34-26(4)</u>    |
| Brief description: <u>Wedding Rings, Engagement Ring</u><br>Line from Schedule A/B: <u>12</u>   | <u>\$500.00</u>   | <input checked="" type="checkbox"/> <u>\$500.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Va. Code Ann. § 34-4</u>        |
| Brief description: <u>Rings, Earrings, Necklaces</u><br>Line from Schedule A/B: <u>12</u>       | <u>\$500.00</u>   | <input checked="" type="checkbox"/> <u>\$500.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Va. Code Ann. § 34-4</u>        |
| Brief description: <u>Cat</u><br>Line from Schedule A/B: <u>13</u>                              | <u>\$1.00</u>   | <input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>Va. Code Ann. § 34-26(5)</u>    |
| Brief description: <u>Eyeglasses</u><br>Line from Schedule A/B: <u>14</u>                       | <u>\$5.00</u>   | <input checked="" type="checkbox"/> <u>\$5.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>Va. Code Ann. § 34-26(6)</u>    |
| Brief description: <u>Cash</u><br>Line from Schedule A/B: <u>16</u>                             | <u>\$15.00</u>  | <input checked="" type="checkbox"/> <u>\$15.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | <u>Va. Code Ann. § 34-4</u>        |
| Brief description: <u>CandF Checking account</u><br>Line from Schedule A/B: <u>17</u>           | <u>\$350.00</u>   | <input checked="" type="checkbox"/> <u>\$350.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Va. Code Ann. § 34-4</u>        |
| Brief description: <u>CandF Bank Savings account</u><br>Line from Schedule A/B: <u>17</u>       | <u>\$102.00</u>   | <input checked="" type="checkbox"/> <u>\$102.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>Va. Code Ann. § 34-4</u>        |
| Brief description: <u>Cash App Other financial account</u><br>Line from Schedule A/B: <u>17</u> | <u>\$1.00</u>   | <input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <u>Va. Code Ann. § 34-4</u>        |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_

Debtor 2 Ida Louise Boyles

First Name Middle Name Last Name

## Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property   | Current value of the portion you own<br><br>Copy the value from Schedule A/B | Amount of the exemption you claim<br><br>Check only one box for each exemption.  | Specific laws that allow exemption   |
|---|--|--|--|
| Brief description: <u>VRS</u><br><br>Line from Schedule A/B: <u>21</u>  | <u>\$2,120.80</u>  | <input checked="" type="checkbox"/> <u>\$2,120.80</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit<br><input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit<br><input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | <u>11 U.S.C. § 522(b)(3)(C)</u><br><br><u>Va. Code Ann. § 34-34</u><br><br><u>Va. Code Ann. § 34-4</u> |
| Brief description: <u>Davita Retirement</u><br><br>Line from Schedule A/B: <u>21</u>  | <u>\$24,751.10</u>   | <input checked="" type="checkbox"/> <u>\$24,751.10</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit<br><input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit<br><input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <u>11 U.S.C. § 522(b)(3)(C)</u><br><br><u>Va. Code Ann. § 34-34</u><br><br><u>Va. Code Ann. § 34-4</u> |
| Brief description: <u>Potential funds due to debtor, unknown at this time, including State and Federal Tax refunds, potential federal stimulus checks, possible garnishment funds, insurance proceeds, proceeds related to claims or causes of action that may be asserted by the debtor, any claim for earned but unpaid wages, and/or inheritance.</u><br><br>Line from Schedule A/B: <u>35</u> | <u>\$1.00</u>  | <input checked="" type="checkbox"/> <u>\$1.00</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit  | <u>Va. Code Ann. § 34-4</u>  |

Fill in this information to identify your case:

Debtor 1 Eugene Robert Boyles  
 First Name Middle Name Last Name

Debtor 2 Ida Louise Boyles  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Western District of Virginia

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A                               | Column B                                     | Column C          |
|--|--|-------------------|
| Amount of claim                        | Value of collateral that supports this claim | Unsecured portion |
| Do not deduct the value of collateral. |  | If any            |

| 2.1 | Capital One Auto Finance | Describe the property that secures the claim: | \$20,557.00 | \$16,129.00 | \$4,428.00 |
|-----|--------------------------|---|-------------|-------------|------------|
|-----|--------------------------|---|-------------|-------------|------------|

Creditor's Name

Attn: Bankruptcy

7933 Preston Rd

Number Street

Plano, TX 75024

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 12/1/2020 Last 4 digits of account number 1 0 0 1

2020 Ford Edge

KBB Private Party Value

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,557.00

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

|  | Additional Page  | Column A<br>Amount of claim<br><small>Do not deduct the value of collateral.</small> | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br><small>If any</small> |
|--|--|--|--|--|
| <b>Part 1:</b>   | After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.   |  |  |  |
| <b>2.2</b>   | <b>Carrington Mortgage Services</b><br>Describe the property that secures the claim: <u>1760 Anderson Highway Cumberland, VA 23040</u><br>Creditor's Name: <u>1600 S Douglass Rd STE 2</u><br>Number Street<br><u>Anaheim, CA 92806</u><br>City State ZIP Code<br><b>Who owes the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt<br>Date debt was incurred <u>11/1/2009</u> Last 4 digits of account number <u>7 1 8 8</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Nature of lien.</b> Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____      | <u>\$156,462.00</u>  | <u>\$272,000.00</u>                                      | <u>\$0.00</u>  |
| <b>2.3</b>   | <b>Cumberland County Treasurer's Office</b><br>Describe the property that secures the claim: _____<br>Creditor's Name: <u>L.O. Pfeiffer, Jr., Treasurer</u><br><u>P.O. Box 28</u><br>Number Street<br><u>Cumberland, VA 23040-0000</u><br>City State ZIP Code<br><b>Who owes the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt<br>Date debt was incurred <u>2023</u> Last 4 digits of account number <u>9 0 3 1</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Nature of lien.</b> Check all that apply.<br><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ | <u>\$2,724.71</u>  | <u>\$0.00</u>  | <u>\$2,724.71</u>                                      |
| Add the dollar value of your entries in Column A on this page. Write that number here:                     |  | <u>\$159,186.71</u>  |  |  |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: |  | _____  |  |  |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

|  | Additional Page  | Column A  | Column B                    | Column C           |
|--|--|---|-----------------------------|--------------------|
| Part 1:  | Amount of claim<br>Do not deduct the value of collateral.  | Value of collateral that supports this claim  | Unsecured portion<br>If any |                    |
| <b>2.4</b>   | <p><b>One Main Financial</b></p> <p>Creditor's Name<br/> <u>9600 66th St. N STE BPINELLAS</u><br/>           Number Street</p> <p><u>Pinellas Park, FL 33782</u><br/>           City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p> <input type="checkbox"/> Debtor 1 only<br/> <input type="checkbox"/> Debtor 2 only<br/> <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br/> <input type="checkbox"/> At least one of the debtors and another<br/> <input type="checkbox"/> Check if this claim relates to a community debt         </p> <p>Date debt was incurred <u>4/1/2023</u> Last 4 digits of account number <u>1 1 8 9</u></p> | <p><b>Describe the property that secures the claim:</b> <u>\$26,522.00</u></p> <div style="border: 1px solid black; padding: 2px;"> <p><b>2011 Ford F-150</b><br/>           Client's Estimated Value</p> </div> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p> <input type="checkbox"/> Contingent<br/> <input type="checkbox"/> Unliquidated<br/> <input type="checkbox"/> Disputed         </p> <p><b>Nature of lien.</b> Check all that apply.</p> <p> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br/> <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br/> <input type="checkbox"/> Judgment lien from a lawsuit<br/> <input type="checkbox"/> Other (including a right to offset) _____         </p> | <u>\$16,000.00</u>          | <u>\$10,522.00</u> |
| <p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b></p>                     |  | <u>\$26,522.00</u>  |                             |                    |
| <p><b>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</b></p> |  | <u>\$206,265.71</u>   |                             |                    |

Fill in this information to identify your case:

|  |               |               |               |
|--|---------------|---------------|---------------|
| Debtor 1   | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> |
|  | First Name    | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)  | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> |
|  | First Name    | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: <b>Western</b> District of <b>Virginia</b> |               |               |               |
| Case number<br>(if known)  | _____         |               |               |

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

|  |                                 | Total claim       | Priority amount   | Nonpriority amount |
|--|---------------------------------|-------------------|-------------------|--------------------|
| <b>2.1</b>   | <b>Internal Revenue Service</b> |                   |                   |                    |
| Priority Creditor's Name   |                                 |                   |                   |                    |
| <b>P O Box 7346</b>  |                                 |                   |                   |                    |
| Number   | Street                          |                   |                   |                    |
| <b>Philadelphia, PA 19101</b>  |                                 |                   |                   |                    |
| City   | State                           | ZIP Code          |                   |                    |
| Who incurred the debt? Check one.  |                                 |                   |                   |                    |
| <input type="checkbox"/> Debtor 1 only   |                                 |                   |                   |                    |
| <input type="checkbox"/> Debtor 2 only   |                                 |                   |                   |                    |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only                           |                                 |                   |                   |                    |
| <input type="checkbox"/> At least one of the debtors and another                         |                                 |                   |                   |                    |
| <input type="checkbox"/> Check if this claim is for a community debt                     |                                 |                   |                   |                    |
| Is the claim subject to offset?  |                                 |                   |                   |                    |
| <input checked="" type="checkbox"/> No   |                                 |                   |                   |                    |
| <input type="checkbox"/> Yes   |                                 |                   |                   |                    |
| Last 4 digits of account number _____  |                                 | <b>\$5,000.00</b> | <b>\$5,000.00</b> | <b>\$0.00</b>      |
| When was the debt incurred? _____  |                                 |                   |                   |                    |
| As of the date you file, the claim is: Check all that apply.                             |                                 |                   |                   |                    |
| <input type="checkbox"/> Contingent  |                                 |                   |                   |                    |
| <input type="checkbox"/> Unliquidated  |                                 |                   |                   |                    |
| <input type="checkbox"/> Disputed  |                                 |                   |                   |                    |
| Type of PRIORITY unsecured claim:  |                                 |                   |                   |                    |
| <input type="checkbox"/> Domestic support obligations                                    |                                 |                   |                   |                    |
| <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government |                                 |                   |                   |                    |
| <input type="checkbox"/> Claims for death or personal injury while you were intoxicated  |                                 |                   |                   |                    |
| <input type="checkbox"/> Other. Specify _____  |                                 |                   |                   |                    |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. |  | Total claim   | Priority amount   | Nonpriority amount |
|--|--|---|-------------------|--------------------|
| <u>2.2</u>   | <b>VA Department of Taxation</b><br>Priority Creditor's Name<br><b>Bankruptcy Unit</b><br><b>PO Box 2156</b><br>Number Street<br><b>Richmond, VA 23218-2156</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number _____<br><b>\$2,000.00</b><br>When was the debt incurred? _____<br><b>\$2,000.00</b><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of PRIORITY unsecured claim:</b><br><input type="checkbox"/> Domestic support obligations<br><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government<br><input type="checkbox"/> Claims for death or personal injury while you were intoxicated<br><input type="checkbox"/> Other. Specify _____ | <b>\$2,000.00</b> | <b>\$0.00</b>      |

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> | Case number (if known) _____ |
| Debtor 2 | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|            |  |  |                        | Total claim            |
|------------|--|--|------------------------|------------------------|
| <b>4.1</b> | <u><b>Affirm, Inc.</b></u>   | Last 4 digits of account number  | <u>R 2 6 A</u>         | <u><b>\$269.00</b></u> |
|            | Nonpriority Creditor's Name  |  |                        |                        |
|            | <u><b>Attn: Bankruptcy</b></u>                                       | When was the debt incurred?  | <u><b>8/1/2023</b></u> |                        |
|            | <u><b>30 Isabella St, Floor 4</b></u>                                | As of the date you file, the claim is: Check all that apply.   |                        |                        |
|            | Number Street  | <input type="checkbox"/> Contingent  |                        |                        |
|            | <u><b>Pittsburgh, PA 15212</b></u>                                   | <input type="checkbox"/> Unliquidated  |                        |                        |
|            | City State ZIP Code  | <input type="checkbox"/> Disputed  |                        |                        |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                        |                        |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                        |                        |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                        |                        |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                        |                        |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u><b>Unsecured</b></u>   |                        |                        |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                        |                        |
|            | Is the claim subject to offset?                                      |  |                        |                        |
|            | <input checked="" type="checkbox"/> No                               |  |                        |                        |
|            | <input type="checkbox"/> Yes   |  |                        |                        |
| <b>4.2</b> | <u><b>Affirm, Inc.</b></u>   | Last 4 digits of account number  | <u>D 2 C 4</u>         | <u><b>\$86.00</b></u>  |
|            | Nonpriority Creditor's Name  |  |                        |                        |
|            | <u><b>Attn: Bankruptcy</b></u>                                       | When was the debt incurred?  | <u><b>8/1/2023</b></u> |                        |
|            | <u><b>30 Isabella St, Floor 4</b></u>                                | As of the date you file, the claim is: Check all that apply.   |                        |                        |
|            | Number Street  | <input type="checkbox"/> Contingent  |                        |                        |
|            | <u><b>Pittsburgh, PA 15212</b></u>                                   | <input type="checkbox"/> Unliquidated  |                        |                        |
|            | City State ZIP Code  | <input type="checkbox"/> Disputed  |                        |                        |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                        |                        |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                        |                        |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                        |                        |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                        |                        |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u><b>Unsecured</b></u>   |                        |                        |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                        |                        |
|            | Is the claim subject to offset?                                      |  |                        |                        |
|            | <input checked="" type="checkbox"/> No                               |  |                        |                        |
|            | <input type="checkbox"/> Yes   |  |                        |                        |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

|            | After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |  | Total claim     |
|------------|--|--|-----------------|
| <b>4.3</b> | <b>Affirm, Inc.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>30 Isabella St, Floor 4</b><br>Number Street<br><b>Pittsburgh, PA 15212</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>F 0 V W</u><br><b>When was the debt incurred?</b> <u>6/1/2023</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u> | <b>\$24.00</b>  |
| <b>4.4</b> | <b>Bon Secours</b><br>Nonpriority Creditor's Name<br><b>Richmond Health Systems</b><br><b>PO Box 28538</b><br>Number Street<br><b>Richmond, VA 23228-0000</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   | Last 4 digits of account number <u>0 4 7 3</u><br><b>When was the debt incurred?</b> <u>2024</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u>  | <b>\$342.20</b> |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

|            | After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |   | Total claim              |
|------------|--|---|--------------------------|
| <b>4.5</b> | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 30285</b><br>Number Street<br><b>Salt Lake City, UT 84130</b><br>City State ZIP Code<br><br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>7 1 2 1</u><br><br><b>When was the debt incurred?</b> <u>6/1/2021</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> | <b><u>\$1,488.00</u></b> |
| <b>4.6</b> | <b>Capital One</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 30285</b><br>Number Street<br><b>Salt Lake City, UT 84130</b><br>City State ZIP Code<br><br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>9 0 0 2</u><br><br><b>When was the debt incurred?</b> <u>3/1/2022</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> | <b><u>\$763.00</u></b>   |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

|            | After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   | Total claim       |
|------------|--|-------------------|
| <b>4.7</b> | <p><b>Capital One</b> Last 4 digits of account number <u>1 1 2 0</u></p> <p>Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> When was the debt incurred? <u>6/1/2023</u></p> <p><u>PO Box 30285</u> As of the date you file, the claim is: Check all that apply.</p> <p>Number <u>                    </u> Street <u>                    </u> <input type="checkbox"/> Contingent</p> <p><u>Salt Lake City, UT 84130</u> <input type="checkbox"/> Unliquidated</p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u> <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>   | <b>\$548.00</b>   |
| <b>4.8</b> | <p><b>Chippenham Johnston &amp; Willis</b> Last 4 digits of account number <u>                    </u></p> <p>Nonpriority Creditor's Name <u>Hospital &amp; Medical Center</u> When was the debt incurred? <u>                    </u></p> <p><u>7101 Jahnke Road</u> As of the date you file, the claim is: Check all that apply.</p> <p>Number <u>                    </u> Street <u>                    </u> <input type="checkbox"/> Contingent</p> <p><u>Richmond, VA 23225-4017</u> <input type="checkbox"/> Unliquidated</p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u> <input type="checkbox"/> Disputed</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <b>\$3,289.44</b> |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

|  |   |  |                |
|--|---|--|----------------|
| 4.9  | <b>Commonwealth Radiology P.C</b><br>Nonpriority Creditor's Name<br><u>2810 N Parham Road Suite 315</u><br>Number Street<br><u>Richmond, VA 23294-4434</u><br>City State ZIP Code | Last 4 digits of account number <u>6 1 3 0</u><br>When was the debt incurred? <u>6/2022</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | <b>\$45.00</b> |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   |  |                |

|  |   |   |                 |
|--|---|---|-----------------|
| 4.10   | <b>Credence Resource Management, LLC</b><br>Nonpriority Creditor's Name<br><u>Attn: Bankruptcy</u><br><u>4222 Trinity Mills Road Suite 260</u><br>Number Street<br><u>Dallas, TX 75287</u><br>City State ZIP Code | Last 4 digits of account number <u>3 3 6 9</u><br>When was the debt incurred? <u>11/14/2023</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input checked="" type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CollectionAttorney</u> | <b>\$214.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |   |   |                 |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

|             |   |  |                    |
|-------------|---|--|--------------------|
| <b>4.11</b> | <b>Credit Corp Solutions</b><br>Nonpriority Creditor's Name<br><u>Attn: Bankruptcy</u><br><u>63 East 11400 south #408</u><br>Number Street<br><u>Sandy, UT 84070</u><br>City State ZIP Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>2 2 8 3</u><br>When was the debt incurred? <u>2023</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Open Account</u> | <b>\$16,465.66</b> |
| <b>4.12</b> | <b>Cumberland Fire and EMS</b><br>Nonpriority Creditor's Name<br><u>PO Box 429</u><br>Number Street<br><u>Lewisville, NC 27023</u><br>City State ZIP Code<br>Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes                                   | Last 4 digits of account number <u>4 7 8 2</u><br>When was the debt incurred? <u>2022</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | <b>\$1,139.21</b>  |

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> | Case number (if known) _____ |
| Debtor 2 | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |  |  |                | Total claim     |
|--|--|--|----------------|-----------------|
| <b>4.13</b>  | <b>Dogwood Anesthesia Providers</b>    | Last 4 digits of account number  | <u>0 2 1 5</u> | <b>\$187.28</b> |
| Nonpriority Creditor's Name  |  | When was the debt incurred?  |                |                 |
| <b>PO Box 668</b>  |  | <u>2024</u>  |                |                 |
| Number Street  |  | As of the date you file, the claim is: Check all that apply.   |                |                 |
| <b>Brentwood, TN 37024</b>   |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                |                 |
| City State ZIP Code  |  | Type of NONPRIORITY unsecured claim:   |                |                 |
| Who incurred the debt? Check one.  |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> |                |                 |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |  |  |                |                 |
| Is the claim subject to offset?  |  |  |                |                 |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |                |                 |
| <b>4.14</b>  | <b>Forward Pathology Solution, LLC</b> | Last 4 digits of account number  | _____          | <b>\$49.78</b>  |
| Nonpriority Creditor's Name  |  | When was the debt incurred?  |                |                 |
| <b>PO Box 3093</b>   |  |  |                |                 |
| Number Street  |  | As of the date you file, the claim is: Check all that apply.   |                |                 |
| <b>Boca Raton, FL 33442</b>  |  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                |                 |
| City State ZIP Code  |  | Type of NONPRIORITY unsecured claim:   |                |                 |
| Who incurred the debt? Check one.  |  | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> |                |                 |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |  |  |                |                 |
| Is the claim subject to offset?  |  |  |                |                 |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |                |                 |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

|  |  |  |                 |
|--|--|--|-----------------|
| 4.15   | <b>MBA Law</b><br>Nonpriority Creditor's Name<br><u>1313 N Travis St. Ste. 103</u><br>Number Street<br><u>Sherman, TX 75092</u><br>City State ZIP Code | Last 4 digits of account number <u>1 9 8 9</u><br>When was the debt incurred? <u>2023</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | <u>\$762.77</u> |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |  |                 |

|  |  |  |                   |
|--|--|--|-------------------|
| 4.16   | <b>Nelnet</b><br>Nonpriority Creditor's Name<br><u>Attn: Claims</u><br><u>PO Box 82505</u><br>Number Street<br><u>Lincoln, NE 68501</u><br>City State ZIP Code | Last 4 digits of account number <u>9 5 6 4</u><br>When was the debt incurred? <u>5/1/2015</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____ | <u>\$5,667.00</u> |
| Who incurred the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |  |                   |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

|             | After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |  | Total claim              |
|-------------|--|--|--------------------------|
| <b>4.17</b> | <b>Nelnet</b><br>Nonpriority Creditor's Name<br><b>Attn: Claims</b><br><b>PO Box 82505</b><br>Number Street<br><b>Lincoln, NE 68501</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input type="checkbox"/> Debtor 1 only<br><input checked="" type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>9 4 6 4</u><br>When was the debt incurred? <u>5/1/2015</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input checked="" type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____             | <b><u>\$3,171.00</u></b> |
| <b>4.18</b> | <b>NetCredit</b><br>Nonpriority Creditor's Name<br><b>175 W. Jackson Blvd., Suite 1000</b><br>Number Street<br><b>Chicago, IL 60604</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>7 4 0 4</u><br>When was the debt incurred? <u>12/1/2023</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u> | <b><u>\$5,621.00</u></b> |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |  |  |   | Total claim       |
|--|--|--|---|-------------------|
| <b>4.19</b>  | <b>Synchrony Bank/Amazon</b><br>Nonpriority Creditor's Name<br><b>PO Box 960013</b><br>Number Street<br><br><b>Orlando, FL 32896</b><br>City State ZIP Code                          | Last 4 digits of account number <u>7 1 7 7</u><br><br>When was the debt incurred? <u>12/1/2019</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u> | <b>\$1,336.00</b> |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |  |  |   |                   |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |   |                   |
| <b>4.20</b>  | <b>Synchrony/PayPal Credit</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 965060</b><br>Number Street<br><b>Orlando, FL 32896</b><br>City State ZIP Code | Last 4 digits of account number <u>1 0 5 7</u><br><br>When was the debt incurred? <u>2/1/2019</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  | Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>    | <b>\$576.00</b>   |
| <b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |  |  |   |                   |
| <b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |  |  |   |                   |

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

|      |  |   |                   |
|------|--|---|-------------------|
| 4.21 | <b>Upgrade, Inc.</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>275 Battery Street 23rd Floor</b><br>Number Street<br><b>San Francisco, CA 94111</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>5 4 1 5</u><br>When was the debt incurred? <u>9/1/2020</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u> | <b>\$4,972.00</b> |
|------|--|---|-------------------|

|      |  |   |                   |
|------|--|---|-------------------|
| 4.22 | <b>Upstart</b><br>Nonpriority Creditor's Name<br><b>Upstart Operations/ Attn:Bankruptcy</b><br><b>PO Box 1503</b><br>Number Street<br><b>San Carlos, CA 94070</b><br>City State ZIP Code<br><b>Who incurred the debt?</b> Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br><b>Is the claim subject to offset?</b><br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes | Last 4 digits of account number <u>3 2 0 9</u><br>When was the debt incurred? <u>11/18/2019</u><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br><b>Type of NONPRIORITY unsecured claim:</b><br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>Unsecured</u> | <b>\$3,074.00</b> |
|------|--|---|-------------------|

Debtor 1 Eugene Robert Boyles Case number (if known) \_\_\_\_\_  
 Debtor 2 Ida Louise Boyles  
 First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.   |  |   |                 | Total claim |
|--|--|---|-----------------|-------------|
| <b>4.23</b>  | <b>Verizon</b><br>Nonpriority Creditor's Name<br><b>1095 Avenue of Americas</b><br>Number Street<br><br><b>New York, NY 10036</b><br>City State ZIP Code | Last 4 digits of account number <u>0 0 0 1</u><br>When was the debt incurred? <u>8/1/2007</u><br><br><b>As of the date you file, the claim is:</b> Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed | <b>\$138.00</b> |             |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> </div> <div style="width: 50%;"> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Agriculture</u></p> </div> </div> <div style="margin-top: 10px;"> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div> |  |   |                 |             |

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> | Case number (if known) _____ |
| Debtor 2 | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**1. Dish Network** On which entry in Part 1 or Part 2 did you list the original creditor?  
 Name \_\_\_\_\_ Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
404 Brock Drive ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
PO Box 3517  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_  
Bloomington, IL 61702-3517  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**2. FinWise Bank** On which entry in Part 1 or Part 2 did you list the original creditor?  
 Name \_\_\_\_\_ Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
Attn: Bankruptcy ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
130 E Randolph St, Ste 3400  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_  
Chicago, IL 60601  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**3. St. Francis Medical Center** On which entry in Part 1 or Part 2 did you list the original creditor?  
 Name \_\_\_\_\_ Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
13710 St. Francis Blvd ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_  
Midlothian, VA 23114  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**4. Asset Recovery Solution, LLC** On which entry in Part 1 or Part 2 did you list the original creditor?  
 Name \_\_\_\_\_ Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
2200 E. Devon Ave, Ste 200 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_  
Des Plaines, IL 60018  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**5. Klima, Peters & Daly** On which entry in Part 1 or Part 2 did you list the original creditor?  
 Name \_\_\_\_\_ Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
8028 Ritchie Hwy, Ste. 300 ☒ Part 2: Creditors with Nonpriority Unsecured Claims  
 Number \_\_\_\_\_ Street \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_  
Pasadena, MD 21122  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> | Case number (if known) _____ |
| Debtor 2 | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                                 |   |     |   |                    |
|---------------------------------|---|-----|---|--------------------|
|                                 |   |     |   | <b>Total claim</b> |
| <b>Total claims from Part 1</b> | 6a. Domestic support obligations  | 6a. |   | <b>\$0.00</b>      |
|                                 | 6b. Taxes and certain other debts you owe the government  | 6b. |   | <b>\$7,000.00</b>  |
|                                 | 6c. Claims for death or personal injury while you were intoxicated  | 6c. |   | <b>\$0.00</b>      |
|                                 | 6d. Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | + | <b>\$0.00</b>      |
|                                 | 6e. Total. Add lines 6a through 6d.   | 6e. |   | <b>\$7,000.00</b>  |
|                                 |   |     |   |                    |
|                                 |   |     |   | <b>Total claim</b> |
| <b>Total claims from Part 2</b> | 6f. Student loans   | 6f. |   | <b>\$8,838.00</b>  |
|                                 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. |   | <b>\$0.00</b>      |
|                                 | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. |   | <b>\$0.00</b>      |
|                                 | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | + | <b>\$41,390.34</b> |
|                                 | 6j. Total. Add lines 6f through 6i.   | 6j. |   | <b>\$50,228.34</b> |

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease  | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div> |   |
| 2.2 | <div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div> |   |
| 2.3 | <div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div> |   |
| 2.4 | <div> <div>Name</div> <div> <div>Number</div> <div>Street</div> </div> <div> <div>City</div> <div>State</div> <div>ZIP Code</div> </div> </div> |   |

Fill in this information to identify your case:

|  |               |               |               |
|--|---------------|---------------|---------------|
| Debtor 1   | <u>Eugene</u> | <u>Robert</u> | <u>Boyles</u> |
|  | First Name    | Middle Name   | Last Name     |
| Debtor 2   | <u>Ida</u>    | <u>Louise</u> | <u>Boyles</u> |
| (Spouse, if filing)  | First Name    | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: <u>Western</u> District of <u>Virginia</u> |               |               |               |
| Case number  | <u></u>       |               |               |
| (if known)   |               |               |               |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line

☐ Schedule E/F, line

☐ Schedule G, line

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line

☐ Schedule E/F, line

☐ Schedule G, line

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

## Occupation

## Employer's name

## Employer's address

How long employed there? 25 years

## Debtor 1

☒ Employed ☐ Not EmployedBoil OperatorDept of Corrections6900 Atmore Drive

Number Street

Richmond, VA 23225

City State Zip Code

## Debtor 2 or non-filing spouse

☒ Employed ☐ Not EmployedPatient TechDavita3201 South 323rd Street

Number Street

Federal Way, WA 98001

City State Zip Code

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or  
non-filing spouse2. \$4,128.84 \$6,840.023. + \$0.00 + \$0.004. \$4,128.84 \$6,840.02

Debtor 1  
Debtor 2**Eugene  
Ida****Robert  
Louise****Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

|   |       | For Debtor 1      | For Debtor 2 or non-filing spouse |                                |
|---|-------|-------------------|-----------------------------------|--------------------------------|
| Copy line 4 here.....→  | 4.    | <u>\$4,128.84</u> | <u>\$6,840.02</u>                 |                                |
| 5. List all payroll deductions:   |       |                   |                                   |                                |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.   | <u>\$551.90</u>   | <u>\$1,660.45</u>                 |                                |
| 5b. Mandatory contributions for retirement plans  | 5b.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 5c. Voluntary contributions for retirement plans  | 5c.   | <u>\$0.00</u>     | <u>\$408.57</u>                   |                                |
| 5d. Required repayments of retirement fund loans  | 5d.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 5e. Insurance   | 5e.   | <u>\$625.84</u>   | <u>\$577.68</u>                   |                                |
| 5f. Domestic support obligations  | 5f.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 5g. Union dues  | 5g.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 5h. Other deductions. Specify: _____  | 5h. + | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6.    | <u>\$1,177.74</u> | <u>\$2,646.69</u>                 |                                |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.    | <u>\$2,951.10</u> | <u>\$4,193.32</u>                 |                                |
| 8. List all other income regularly received:  |       |                   |                                   |                                |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8b. Interest and dividends  | 8b.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8d. Unemployment compensation   | 8d.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8e. Social Security   | 8e.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8g. Pension or retirement income  | 8g.   | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 8h. Other monthly income. Specify: _____  | 8h. + | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.    | <u>\$0.00</u>     | <u>\$0.00</u>                     |                                |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   | 10.   | <u>\$2,951.10</u> | <u>\$4,193.32</u>                 | <u>\$7,144.42</u>              |
| 11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .<br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: _____ | 11. + |                   | <u>\$0.00</u>                     |                                |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies  | 12.   |                   | <u>\$7,144.42</u>                 | <b>Combined monthly income</b> |
| 13. Do you expect an increase or decrease within the year after you file this form?<br><input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____  |       |                   |                                   |                                |

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,125.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$100.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1 **Eugene** **Robert** **Boyles**  
 Debtor 2 **Ida** **Louise** **Boyles**

---

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

|  | Your expenses        |
|--|----------------------|
| 5. <b>Additional mortgage payments for your residence</b> , such as home equity loans  | 5. <u>\$0.00</u>     |
| 6. <b>Utilities:</b>   |                      |
| 6a. Electricity, heat, natural gas   | 6a. <u>\$150.00</u>  |
| 6b. Water, sewer, garbage collection   | 6b. <u>\$65.00</u>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. <u>\$50.00</u>   |
| 6d. Other. Specify: <u>Cell Phone</u>  | 6d. <u>\$175.00</u>  |
| 7. <b>Food and housekeeping supplies</b>   | 7. <u>\$700.00</u>   |
| 8. <b>Childcare and children's education costs</b>   | 8. <u>\$0.00</u>     |
| 9. <b>Clothing, laundry, and dry cleaning</b>  | 9. <u>\$150.00</u>   |
| 10. <b>Personal care products and services</b>   | 10. <u>\$100.00</u>  |
| 11. <b>Medical and dental expenses</b>   | 11. <u>\$200.00</u>  |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. <u>\$400.00</u>  |
| 13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. <u>\$100.00</u>  |
| 14. <b>Charitable contributions and religious donations</b>  | 14. <u>\$0.00</u>    |
| 15. <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |                      |
| 15a. Life insurance  | 15a. <u>\$0.00</u>   |
| 15b. Health insurance  | 15b. <u>\$0.00</u>   |
| 15c. Vehicle insurance   | 15c. <u>\$270.00</u> |
| 15d. Other insurance. Specify: _____   | 15d. <u>\$0.00</u>   |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: <u>Personal Property Taxes</u>                                   | 16. <u>\$60.00</u>   |
| 17. <b>Installment or lease payments:</b>  |                      |
| 17a. Car payments for Vehicle 1 <u>2020 Ford Edge</u>  | 17a. <u>\$531.00</u> |
| 17b. Car payments for Vehicle 2  | 17b. <u>\$0.00</u>   |
| 17c. Other. Specify: _____   | 17c. <u>\$0.00</u>   |
| 17d. Other. Specify: _____   | 17d. <u>\$0.00</u>   |
| 18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18. <u>\$0.00</u>    |
| 19. <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19. <u>\$0.00</u>    |
| 20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |                      |
| 20a. Mortgages on other property   | 20a. <u>\$0.00</u>   |
| 20b. Real estate taxes   | 20b. <u>\$0.00</u>   |
| 20c. Property, homeowner's, or renter's insurance  | 20c. <u>\$0.00</u>   |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. <u>\$0.00</u>   |
| 20e. Homeowner's association or condominium dues   | 20e. <u>\$0.00</u>   |

Debtor 1  
Debtor 2

**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: pet care and food

21. + \$50.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$4,226.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,226.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$7,144.42

23b. Copy your monthly expenses from line 22c above.

23b. - \$4,226.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$2,918.42

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### Your assets

Value of what you own

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

|   |                     |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....       | <u>\$272,000.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> ..... | <u>\$66,975.90</u>  |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....      | <u>\$338,975.90</u> |

### Part 2: Summarize Your Liabilities

#### Your liabilities

Amount you owe

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

|   |                     |
|---|---------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ..... | <u>\$206,265.71</u> |
|---|---------------------|

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

|  |                    |
|--|--------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....    | <u>\$7,000.00</u>  |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> ..... | <u>\$50,228.34</u> |

Your total liabilities

\$263,494.05

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

|   |                   |
|---|-------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | <u>\$7,144.42</u> |
|---|-------------------|

#### 5. **Schedule J: Your Expenses** (Official Form 106J)

|   |                   |
|---|-------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> ..... | <u>\$4,226.00</u> |
|---|-------------------|

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> | Case number (if known) _____ |
| Debtor 2 | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$8,940.86**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

|  |  |
|--|--|
| 9a. Domestic support obligations (Copy line 6a.)   | <u>                    <b>\$0.00</b>                    </u>   |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | <u>                    <b>\$7,000.00</b>                    </u>   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | <u>                    <b>\$0.00</b>                    </u>   |
| 9d. Student loans. (Copy line 6f.)   | <u>                    <b>\$8,838.00</b>                    </u>   |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <u>                    <b>\$0.00</b>                    </u>   |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | <b>+</b> <u>                    <b>\$0.00</b>                    </u>  |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <div style="border: 1px solid black; padding: 5px; display: inline-block;"><u>                    <b>\$15,838.00</b>                    </u></div> |

Fill in this information to identify your case:

Debtor 1                      Eugene                      Robert                      Boyles  
First Name                      Middle Name                      Last Name

Debtor 2                      Ida                      Louise                      Boyles  
(Spouse, if filing)                      First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the:                      Western District of Virginia

Case number                      \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

/s/ Eugene Robert Boyles

Eugene Robert Boyles, Debtor 1

X

/s/ Ida Louise Boyles

Ida Louise Boyles, Debtor 2

Date 10/10/2024

MM/ DD/ YYYY

Date 10/10/2024

MM/ DD/ YYYY

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:   | Dates Debtor 1 lived there | Debtor 2:   | Dates Debtor 2 lived there |
|---|----------------------------|---|----------------------------|
| <input type="checkbox"/> Same as Debtor 1                                   |                            | <input type="checkbox"/> Same as Debtor 1                                   |                            |
| Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ | From _____<br>To _____     | Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ | From _____<br>To _____     |
| <input type="checkbox"/> Same as Debtor 1                                   |                            | <input type="checkbox"/> Same as Debtor 1                                   |                            |
| Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ | From _____<br>To _____     | Number _____ Street _____<br>_____<br>City _____ State _____ ZIP Code _____ | From _____<br>To _____     |

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Eugene** **Robert** **Boyles**  
 Debtor 2 **Ida** **Louise** **Boyles**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

|   | Debtor 1   | Debtor 2   |
|---|--|--|
|   | Sources of income<br>Check all that apply.   | Sources of income<br>Check all that apply.   |
|   | Gross Income<br>(before deductions and exclusions)   | Gross Income<br>(before deductions and exclusions)   |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
|   | <b>\$34,553.50</b>   | <b>\$47,122.90</b>   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2023</u> )<br>YYYY            | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
|   | <b>\$46,108.00</b>   | <b>\$47,143.00</b>   |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2022</u> )<br>YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
|   | <b>\$46,590.00</b>   | <b>\$51,649.00</b>   |

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☒ No☐ Yes. Fill in the details.

|   | Debtor 1  | Debtor 2  |
|---|---|---|
|   | Sources of income<br>Describe below.                                | Sources of income<br>Describe below.                                |
|   | Gross income from each source<br>(before deductions and exclusions) | Gross Income from each source<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                |   |   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2023</u> )<br>YYYY            |   |   |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2022</u> )<br>YYYY |   |   |

|          |               |               |               |
|----------|---------------|---------------|---------------|
| Debtor 1 | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> |
| Debtor 2 | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> |
|          | First Name    | Middle Name   | Last Name     |

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|                     | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...                       |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name     |                  |                   |                      | <input type="checkbox"/> Mortgage             |
| Number Street       |                  |                   |                      | <input type="checkbox"/> Car                  |
|                     |                  |                   |                      | <input type="checkbox"/> Credit card          |
|                     |                  |                   |                      | <input type="checkbox"/> Loan repayment       |
|                     |                  |                   |                      | <input type="checkbox"/> Suppliers or vendors |
| City State ZIP Code |                  |                   |                      | <input type="checkbox"/> Other _____          |

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      |                  |                   |                      |                         |
| Number Street       |                  |                   |                      |                         |
|                     |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |

Debtor 1 **Eugene**  
Debtor 2 **Ida**

**Robert**  
**Louise**

**Boyles**  
**Boyles**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name      |                  |                   |                      |  |
| Number Street       |                  |                   |                      |  |
|                     |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☒ No

☐ Yes. Fill in the details.

|             | Nature of the case | Court or agency     | Status of the case                 |
|-------------|--------------------|---------------------|------------------------------------|
| Case title  |                    |                     | <input type="checkbox"/> Pending   |
|             |                    | Court Name          | <input type="checkbox"/> On appeal |
| Case number |                    | Number Street       | <input type="checkbox"/> Concluded |
|             |                    | City State ZIP Code |                                    |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> | Case number (if known) _____ |
| Debtor 2 | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> |                              |
|          | First Name    | Middle Name   | Last Name     |                              |

  

|                                |  |             |                              |
|--------------------------------|--|-------------|------------------------------|
| <b>One Main Financial</b>      | <b>Describe the property</b>                                       | <b>Date</b> | <b>Value of the property</b> |
| Creditor's Name                | 2011 Ford F150   | 2024        | \$15,000.00                  |
| <b>9600 66th St. N</b>         | <b>Explain what happened</b>                                       |             |                              |
| Number Street                  | <input checked="" type="checkbox"/> Property was repossessed.      |             |                              |
|                                | <input type="checkbox"/> Property was foreclosed.                  |             |                              |
|                                | <input type="checkbox"/> Property was garnished.                   |             |                              |
| <b>Pinellas Park, FL 33782</b> | <input type="checkbox"/> Property was attached, seized, or levied. |             |                              |
| City State ZIP Code            |  |             |                              |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

|                     |  |                              |               |
|---------------------|--|------------------------------|---------------|
|                     | <b>Describe the action the creditor took</b> | <b>Date action was taken</b> | <b>Amount</b> |
| Creditor's Name     |  |                              |               |
| Number Street       |  |                              |               |
| City State ZIP Code |  |                              |               |

Last 4 digits of account number: XXXX-\_\_ \_\_ \_\_ \_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

**Part 5:** List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Eugene** **Robert** **Boyles**  
 Debtor 2 **Ida** **Louise** **Boyles**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
|--|--------------------|--------------------------|-------|

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
|--|-------------------------------|----------------------|-------|

Charity's Name

Number Street

City State ZIP Code

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|--|--|-------------------|------------------------|
|--|--|-------------------|------------------------|

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Debtor 1 **Eugene** **Robert** **Boyles**  
Debtor 2 **Ida** **Louise** **Boyles**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
- ☒ Yes. Fill in the details.

**Cox Law Group**

Person Who Was Paid

**900 Lakeside Drive**

Number Street

**Lynchburg, VA 24501**

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

See Exhibit A to Form 2016

Date payment or  
transfer was made

**09/10/2024**

Amount of payment

**\$550.00**

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

Person Who Was Paid

Number Street

City State ZIP Code

Description and value of any property transferred

Date payment or  
transfer was made

Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

|                      |                       |                          |                          |                              |
|----------------------|-----------------------|--------------------------|--------------------------|------------------------------|
| Debtor 1<br>Debtor 2 | <b>Eugene<br/>Ida</b> | <b>Robert<br/>Louise</b> | <b>Boyles<br/>Boyles</b> | Case number (if known) _____ |
|                      | First Name            | Middle Name              | Last Name                |                              |

|                                       | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---------------------------------------|---|--|------------------------|
| Person Who Received Transfer _____    |   |  | _____                  |
| Number _____ Street _____             |   |  |                        |
| _____                                 |   |  |                        |
| City _____ State _____ ZIP Code _____ |   |  |                        |
| Person's relationship to you _____    |   |  |                        |

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**  
(These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

|                     | Description and value of the property transferred | Date transfer was made |
|---------------------|---|------------------------|
| Name of trust _____ |   | _____                  |
| _____               |   |                        |

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
- ☐ Yes. Fill in the details.

|                                       | Last 4 digits of account number | Type of account or instrument         | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---------------------------------------|---------------------------------|---------------------------------------|--|---|
| Name of Financial Institution _____   | XXXX- _____                     | <input type="checkbox"/> Checking     | _____  | _____                                   |
| Number _____ Street _____             |                                 | <input type="checkbox"/> Savings      |  |   |
| _____                                 |                                 | <input type="checkbox"/> Money market |  |   |
| _____                                 |                                 | <input type="checkbox"/> Brokerage    |  |   |
| City _____ State _____ ZIP Code _____ |                                 | <input type="checkbox"/> Other _____  |  |   |

Debtor 1  
Debtor 2

**Eugene  
Ida**

**Robert  
Louise**

**Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**



No



Yes. Fill in the details.

| Who else had access to it?           |               | Describe the contents | Do you still have it?        |
|--------------------------------------|---------------|-----------------------|------------------------------|
| <b>Name of Financial Institution</b> |               |                       | <input type="checkbox"/> No  |
| <b>Name</b>                          |               |                       | <input type="checkbox"/> Yes |
| <b>Number</b>                        | <b>Street</b> |                       |                              |
| <b>City</b>                          |               |                       |                              |
| <b>State</b>                         |               |                       |                              |
| <b>ZIP Code</b>                      |               |                       |                              |

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**



No



Yes. Fill in the details.

| Who else has or had access to it? |               | Describe the contents | Do you still have it?        |
|-----------------------------------|---------------|-----------------------|------------------------------|
| <b>Name of Storage Facility</b>   |               |                       | <input type="checkbox"/> No  |
| <b>Name</b>                       |               |                       | <input type="checkbox"/> Yes |
| <b>Number</b>                     | <b>Street</b> |                       |                              |
| <b>City</b>                       |               |                       |                              |
| <b>State</b>                      |               |                       |                              |
| <b>ZIP Code</b>                   |               |                       |                              |

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**



No



Yes. Fill in the details.

**Boyles**  
**Boyles**

Last Name

Case number (if known) \_\_\_\_\_

| Where is the property? |                     | Describe the property | Value |
|------------------------|---------------------|-----------------------|-------|
| Owner's Name           | Number Street       |                       |       |
| Number Street          |                     |                       |       |
|                        | City State ZIP Code |                       |       |
| City State ZIP Code    |                     |                       |       |

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

☒ No☐ Yes. Fill in the details.

|                     |        |  | Governmental unit   | Environmental law, if you know it | Date of notice |
|---------------------|--------|--|---------------------|-----------------------------------|----------------|
| Name of site        |        |  | Governmental unit   |                                   |                |
| Number              | Street |  | Number Street       |                                   |                |
|                     |        |  | City State ZIP Code |                                   |                |
| City State ZIP Code |        |  |                     |                                   |                |

**25. Have you notified any governmental unit of any release of hazardous material?**

☒ No☐ Yes. Fill in the details.

Debtor 1  
Debtor 2

**Eugene  
Ida**

**Robert  
Louise**

**Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Governmental unit**

**Environmental law, if you know it**

**Date of notice**

Name of site

Governmental unit

Number Street

Number Street

City

State ZIP Code

City

State ZIP Code

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.



No



Yes. Fill in the details.

**Court or agency**

**Nature of the case**

**Status of the case**

Case title

Court Name

Number Street

Case number

City

State ZIP Code

☐ Pending

☐ On appeal

☐ Concluded

**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

**Describe the nature of the business**

**Employer Identification number**  
Do not include Social Security number or ITIN.

Name

EIN: \_\_\_\_\_

Number Street

**Name of accountant or bookkeeper**

**Dates business existed**

City

State ZIP Code

From \_\_\_\_\_ To \_\_\_\_\_

|          |               |               |               |                              |
|----------|---------------|---------------|---------------|------------------------------|
| Debtor 1 | <b>Eugene</b> | <b>Robert</b> | <b>Boyles</b> |                              |
| Debtor 2 | <b>Ida</b>    | <b>Louise</b> | <b>Boyles</b> |                              |
|          | First Name    | Middle Name   | Last Name     | Case number (if known) _____ |

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

☒ No

☐ Yes. Fill in the details below.

|        |                |             |
|--------|----------------|-------------|
|        |                | Date issued |
| _____  |                | _____       |
| Name   | MM / DD / YYYY |             |
| _____  |                |             |
| Number | Street         |             |
| _____  |                |             |
| _____  |                |             |
| City   | State          | ZIP Code    |

**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Eugene Robert Boyles  
Signature of Eugene Robert Boyles, Debtor 1

**X** /s/ Ida Louise Boyles  
Signature of Ida Louise Boyles, Debtor 2

Date 10/10/2024

Date 10/10/2024

**Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

☒ No

☐ Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <u>Eugene</u>                       | <u>Robert</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <u>Ida</u>                          | <u>Louise</u> | <u>Boyles</u> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <u>Western District of Virginia</u> |               |               |
| Case number<br>(if known)               | <u></u>                             |               |               |

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- 
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing**Official Form 122C-1****Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income****1. What is your marital and filing status?** Check one only.☐ **Not married.** Fill out Column A, lines 2-11.☒ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|   | Column A<br>Debtor 1  | Column B<br>Debtor 2 or<br>non-filing spouse |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
|---|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|---|--|----------|----------|--|---------------|---------------|---|-----------------|-----------------|---|---------------|---------------|
| <b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).   | <u>\$3,736.84</u>   | <u>\$5,204.02</u>                            |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| <b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse.  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| <b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| <b>5. Net income from operating a business, profession, or farm</b>   | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from a business, profession, or farm | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> |
|   | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Gross receipts (before all deductions)  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Ordinary and necessary operating expenses   | - <u>\$0.00</u>   | - <u>\$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Net monthly income from a business, profession, or farm   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
|   | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Gross receipts (before all deductions)  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Ordinary and necessary operating expenses   | - <u>\$0.00</u>   | - <u>\$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Net monthly income from rental or other real property   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
|   | Copy here → <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| <b>6. Net income from rental and other real property</b>  | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>   |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from rental or other real property   | <u>\$0.00</u> | <u>\$0.00</u> | <table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table> |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u> | <u>\$0.00</u> | Ordinary and necessary operating expenses | - <u>\$0.00</u> | - <u>\$0.00</u> | Net monthly income from rental or other real property | <u>\$0.00</u> | <u>\$0.00</u> |
|   | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Gross receipts (before all deductions)  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Ordinary and necessary operating expenses   | - <u>\$0.00</u>   | - <u>\$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Net monthly income from rental or other real property   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
|   | Debtor 1  | Debtor 2                                     |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Gross receipts (before all deductions)  | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Ordinary and necessary operating expenses   | - <u>\$0.00</u>   | - <u>\$0.00</u>                              |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
| Net monthly income from rental or other real property   | <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |
|   | Copy here → <u>\$0.00</u>   | <u>\$0.00</u>                                |          |          |  |               |               |   |                 |                 |   |               |               |   |  |          |          |  |               |               |   |                 |                 |   |               |               |

Debtor 1  
Debtor 2**Eugene  
Ida****Robert  
Louise****Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**7. Interest, dividends, and royalties****Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse**\$0.00\$0.00**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \_\_\_\_\_ ↓

For you..... \$0.00For your spouse..... \$0.00\$0.00\$0.00**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.\$0.00\$0.00**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.\_\_\_\_\_  
\_\_\_\_\_

Total amounts from separate pages, if any.

+

\$3,736.84

+

\$5,204.02= \$8,940.86**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.Total average  
monthly income**Part 2:** Determine How to Measure Your Deductions from Income**12. Copy your total average monthly income from line 11.** ..... \$8,940.86**13. Calculate the marital adjustment.** Check one:☐ You are not married. Fill in 0 below.☒ You are married and your spouse is filing with you. Fill in 0 below.☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

+

\$0.00

Copy here. →

- \$0.00**14. Your current monthly income.** Subtract the total in line 13 from line 12.\$8,940.86

Debtor 1  
Debtor 2**Eugene  
Ida****Robert  
Louise****Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**15. Calculate your current monthly income for the year.** Follow these steps:15a. Copy line 14 here → ..... \$8,940.86

Multiply line 15a by 12 (the number of months in a year).

**x 12**15b. The result is your current monthly income for the year for this part of the form..... **\$107,290.32****16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live.

**Virginia**

16b. Fill in the number of people in your household.

**2**16c. Fill in the median family income for your state and size of household. .... **\$95,482.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)**18. Copy your total average monthly income from line 11. .... **\$8,940.86**19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... **- \$0.00**19b. **Subtract line 19a from line 18.** **\$8,940.86****20. Calculate your current monthly income for the year.** Follow these steps.20a. Copy line 19b..... **\$8,940.86**

Multiply by 12 (the number of months in a year).

**x 12**20b. The result is your current monthly income for the year for this part of the form. **\$107,290.32**20c. Copy the median family income for your state and size of household from line 16c. .... **\$95,482.00****21. How do the lines compare?**☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** **/s/ Eugene Robert Boyles**  
Signature of Debtor 1**X** **/s/ Ida Louise Boyles**  
Signature of Debtor 2Date **10/10/2024**  
MM/ DD/ YYYYDate **10/10/2024**  
MM/ DD/ YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

|   |                                     |               |               |
|---|-------------------------------------|---------------|---------------|
| Debtor 1                                | <b>Eugene</b>                       | <b>Robert</b> | <b>Boyles</b> |
|   | First Name                          | Middle Name   | Last Name     |
| Debtor 2<br>(Spouse, if filing)         | <b>Ida</b>                          | <b>Louise</b> | <b>Boyles</b> |
|   | First Name                          | Middle Name   | Last Name     |
| United States Bankruptcy Court for the: | <b>Western District of Virginia</b> |               |               |
| Case number<br>(if known)               |                                     |               |               |

☐ Check if this is an amended filing

## Official Form 122C-2

### Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

#### 5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

#### National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

**\$1,411.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.



Debtor 1  
Debtor 2**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

- 11.
- Local transportation expenses:**
- Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

- 12.
- Vehicle operation expense:**
- Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the
- Operating Costs*
- that apply for your Census region or metropolitan statistical area.

**\$520.00**

- 13.
- Vehicle ownership or lease expense:**
- Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1****Describe Vehicle 1:** 2020 Ford Edge  
KBB Private Party Value

13a. Ownership or leasing costs using IRS Local Standard.....

**\$619.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment |
|-------------------------------------|-------------------------|
| <u>Capital One Auto Finance</u>     | <u>\$531.00</u>         |
|                                     |                         |
|                                     | <u>+</u>                |
| Total average monthly payment       | <u><b>\$531.00</b></u>  |

Copy  
here →**\$531.00**Repeat this amount  
on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.....

**\$88.00**Copy net Vehicle 1  
expense here →**\$88.00****Vehicle 2****Describe Vehicle 2:** 2011 Ford F-150  
Client's Estimated Value

13d. Ownership or leasing costs using IRS Local Standard.....

**\$619.00**

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
| <u>One Main Financial</u>           | <u>\$841.00</u>         |
|                                     |                         |
|                                     | <u>+</u>                |
| Total average monthly payment       | <u><b>\$841.00</b></u>  |

Copy  
here →**\$841.00**Repeat this amount  
on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.....

**\$0.00**Copy net Vehicle 2  
expense here →**\$0.00**

- 14.
- Public transportation expense:**
- If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the
- Public Transportation*
- expense allowance regardless of whether you use public transportation.

- 15.
- Additional public transportation expense:**
- If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for
- Public Transportation*
- .

**\$0.00**

Debtor 1  
Debtor 2**Eugene  
Ida****Robert  
Louise****Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Other Necessary  
Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.  
Do not include real estate, sales, or use taxes. **\$2,211.00**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. **\$408.00**
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. **\$0.00**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. **\$0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:  
▪ as a condition for your job, or  
▪ for your physically or mentally challenged dependent child if no public education is available for similar services. **\$0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  
Do not include payments for any elementary or secondary school education. **\$0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.  
Payments for health insurance or health savings accounts should be listed only in line 25. **\$0.00**
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. + **\$0.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** **\$5,520.00**  
Add lines 6 through 23.

**Additional Expense  
Deductions**These are additional deductions allowed by the Means Test.  
*Note:* Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance **\$1,202.00**Disability insurance **\$0.00**Health savings account + **\$0.00**Total **\$1,202.00**Copy total here → **\$1,202.00**

Do you actually spend this total amount?

☐ No. How much do you actually spend?☒ Yes

26. **Continuing contributions to the care of household or family members.** **\$0.00**  
The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.  
By law, the court must keep the nature of these expenses confidential. **\$0.00**

Debtor 1  
Debtor 2**Eugene  
Ida****Robert  
Louise****Boyles  
Boyles**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs \$0.00
- You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.
29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00
- You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.
- \* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.
30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$0.00
- To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
- You must show that the additional amount claimed is reasonable and necessary.
31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). \$0.00
- Do not include any amount more than 15% of your gross monthly income.
32. **Add all of the additional expense deductions.** Add lines 25 through 31. \$1,202.00

## Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly  
payment**Mortgages on your home**

33a. Copy line 9b here .....→ \$1,125.00

**Loans on your first two vehicles**

33b. Copy line 13b here .....→ \$531.00

33c. Copy line 13e here .....→ \$841.00

33d. List other secured debts:

| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance?                    |
|--|---|---|
| _____  | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____  | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____  | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
|  |   | + _____   |

33e. Total average monthly payment. Add lines 33a through 33d. ....

\$2,497.00Copy total  
here→\$2,497.00

Debtor 1  
Debtor 2

**Eugene  
Ida**

**Robert  
Louise**

Boyles  
Boyles

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

| Name of the creditor            | Identify property that secures the debt | Total cure amount |        | Monthly cure amount |                                  |
|---------------------------------|---|-------------------|--------|---------------------|----------------------------------|
| <b>Capital One Auto Finance</b> | <b>2020 Ford Edge</b>                   |                   |        | <b>8.85</b>         |                                  |
|                                 | KBB Private Party Value                 | <b>\$531.00</b>   | ÷ 60 = |                     |                                  |
| <b>One Main Financial</b>       | <b>2011 Ford F-150</b>                  |                   |        | <b>14.01</b>        |                                  |
|                                 | Client's Estimated Value                | <b>\$841.00</b>   | ÷ 60 = |                     |                                  |
|                                 |   |                   | ÷ 60 = | +                   |                                  |
|                                 |   |                   | Total  | <b>\$22.86</b>      | Copy total here → <b>\$22.86</b> |

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.....                      ÷ 60

- 36. Projected monthly Chapter 13 plan payment**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X 10.00%

Average monthly administrative expense

**\$95.00**

Copy  
total  
here →

- 37. Add all of the deductions for debt payment.** Add lines 33e through 36.

**\$2,614.86**

### Total Deductions from Income

- 38. Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances* ..... **\$5,520.00**

Copy line 32, *All of the additional expense deductions*..... **\$1,202.00**

Copy line 37, *All of the deductions for debt payment*..... + **\$2,614.86**

Total deductions.....

**\$9,336.86**

Copy  
total  
here →

**\$9,336.86**

Debtor 1  
Debtor 2**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** ..... **\$8,940.86**

40. **Fill in any reasonably necessary income you receive for support for dependent children.** ..... **\$0.00**  
The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). ..... **\$0.00**

42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here .... → **\$9,336.86**

43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

| Describe the special circumstances | Amount of expense |
|------------------------------------|-------------------|
| _____                              | _____             |
| _____                              | _____             |
| _____                              | _____             |
|                                    | + _____           |
| <b>Total</b>                       | <b>\$0.00</b>     |

Copy here  
→+ **\$0.00**

44. **Total adjustments.** Add lines 40 through 43..... **\$9,336.86** Copy here → - **\$9,336.86**

45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

**(\$396.00)**

**Part 3: Change in Income or Expenses**

46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

| Form                            | Line  | Reason for change | Date of change | Increase or decrease?             | Amount of change |
|---------------------------------|-------|-------------------|----------------|-----------------------------------|------------------|
| <input type="checkbox"/> 122C-1 | _____ | _____             | _____          | <input type="checkbox"/> Increase | _____            |
| <input type="checkbox"/> 122C-2 | _____ | _____             | _____          | <input type="checkbox"/> Decrease | _____            |
| <input type="checkbox"/> 122C-1 | _____ | _____             | _____          | <input type="checkbox"/> Increase | _____            |
| <input type="checkbox"/> 122C-2 | _____ | _____             | _____          | <input type="checkbox"/> Decrease | _____            |

Debtor 1  
Debtor 2

**Eugene  
Ida**

First Name

**Robert  
Louise**

Middle Name

**Boyles  
Boyles**

Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Eugene Robert Boyles

Signature of Debtor 1

Date 10/10/2024  
MM/ DD/ YYYY

**X** /s/ Ida Louise Boyles

Signature of Debtor 2

Date 10/10/2024  
MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Western District of Virginia

In re Boyles, Eugene Robert

Boyles, Ida Louise

Case No. \_\_\_\_\_

Debtor

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$4,750.00**

Prior to the filing of this statement I have received ..... **\$0.00**

Balance Due ..... **\$4,750.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) To be paid by Chapter 13 Trustee. See Exhibit A.

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the Debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any adversary proceedings.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**10/10/2024**

*Date*

**/s/ David Wright**

David Wright

*Signature of Attorney*

Bar Number: 40424

Cox Law Group

900 Lakeside Drive

Lynchburg, VA 24501

Phone: (800) 254-2760

Fax: (434) 845-0727

**Cox Law Group**

*Name of law firm*

Affirm, Inc.  
Attn: Bankruptcy  
30 Isabella St, Floor 4  
Pittsburgh, PA 15212

Asset Recovery Solution, LLC  
2200 E. Devon Ave, Ste 200  
Des Plaines, IL 60018

Bon Secours  
Richmond Health Systems  
PO Box 28538  
Richmond, VA 23228-0000

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Capital One Auto Finance  
Attn: Bankruptcy  
7933 Preston Rd  
Plano, TX 75024

Carrington Mortgage Services  
1600 S Douglass Rd STE 2  
Anaheim, CA 92806

Chippenham Johnston & Willis  
Hospital & Medical Center  
7101 Jahnke Road  
Richmond, VA 23225-4017

Commonwealth Radiology P.C  
2810 N Parham Road Suite 315  
Richmond, VA 23294-4434

Credence Resource  
Management, LLC  
Attn: Bankruptcy  
4222 Trinity Mills Road Suite 260  
Dallas, TX 75287

Credit Corp Solutions  
Attn: Bankruptcy  
63 East 11400 south #408  
Sandy, UT 84070

Cumberland County  
Treasurer's Office  
L.O. Pfeiffer, Jr., Treasurer  
P.O. Box 28  
Cumberland, VA 23040-0000

Cumberland Fire and EMS  
PO Box 429  
Lewisville, NC 27023

Dish Network  
404 Brock Drive  
PO Box 3517  
Bloomington, IL 61702-3517

Dogwood Anesthesia  
Providers  
PO Box 668  
Brentwood, TN 37024

FinWise Bank  
Attn: Bankruptcy  
130 E Randolph St, Ste 3400  
Chicago, IL 60601

Forward Pathology Solution,  
LLC  
PO Box 3093  
Boca Raton, FL 33442

Internal Revenue Service  
P O Box 7346  
Philadelphia, PA 19101

Klima, Peters & Daly  
8028 Ritchie Hwy, Ste. 300  
Pasadena, MD 21122

MBA Law  
1313 N Travis St. Ste. 103  
Sherman, TX 75092

Nelnet  
Attn: Claims  
PO Box 82505  
Lincoln, NE 68501

NetCredit  
175 W. Jackson Blvd., Suite 1000  
Chicago, IL 60604

One Main Financial  
9600 66th St. N STE BPINELLAS  
Pinellas Park, FL 33782

St. Francis Medical Center  
13710 St. Francis Blvd  
Midlothian, VA 23114

Synchrony Bank/Amazon  
PO Box 960013  
Orlando, FL 32896

Synchrony/PayPal Credit  
Attn: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

Upgrade, Inc.  
Attn: Bankruptcy  
275 Battery Street 23rd Floor  
San Francisco, CA 94111

Upstart  
Upstart Operations/ Attn:Bankruptcy  
PO Box 1503  
San Carlos, CA 94070

VA Department of Taxation  
Bankruptcy Unit  
PO Box 2156  
Richmond, VA 23218-2156

Verizon  
1095 Avenue of Americas  
New York, NY 10036

IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF VIRGINIA  
HARRISONBURG DIVISION

IN RE: **Boyles, Eugene Robert**  
**Boyles, Ida Louise**

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/10/2024 Signature /s/ Eugene Robert Boyles  
Eugene Robert Boyles, Debtor

Date 10/10/2024 Signature /s/ Ida Louise Boyles  
Ida Louise Boyles, Joint Debtor